									Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2003									10718569					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ALL ENTITY			OTHER		
TOTAL CLAIMS			16		•			RATI	E	FEE	1	RATE	FEE	1
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/6 _ minus 20=		.0			X\$ 9	_		OR	X\$18=		
INDEPENDENT CLAIMS			4 _minus 3 =/		5			X43:	_		OR	X86=	G 6	
MULTIPLE DEPENDENT CLAIM P			RESENT					+145	_		1		860	0
* 11	the difference	in column 1 is	less than 76	ero enter	"O" in	"0" in column 2					OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L	<u> </u>	OR	TOTAL	808	rs)
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L E	ENTITY	OR	OTHER SMALL		ŀ
AMENDMENT A		CLAIMS REMAINING		HIGH	EST	PRESENT	-			ADDI-	1		ADDI-	ĺ
		AFTER AMENDMENT		PREVIO	DUSLY	EXTRA		RATE		TIONAL FEE /		RATE	TIONAL FEE	
	Total	• 16	Minus	** 2		= /		X\$ 9=			OR	X\$18=		
	Independent	* '-	Minus		-1	= /		X43=			OR	X86= /	·	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			. 145	7			+290=		_
						τ		+145=			OR	TOTAL		
								ADDIT. FE			OR	ADDIT. FEE		
		(Column 1) CLAIMS	1	(Colun		(Column 3)	ſ		_	(ADDI	1 1		4004	
AMENDMENT B		REMAINING AFTER		NUME PREVIC		PRESENT EXTRA		RATE		ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT		PAID		·	٠		_	FEE			FEE	
	Total	• 19	Minus	.** 50	J	=		X\$ 9=		/	OR	X\$18=		
	Independent	ependent & (Minus ST PRESENTATION OF MULTIPLE DEPE			<u> </u>	= 7		X43=			OR	X86=	172-	
	FIRST PRESE	NIATION OF MIC	ENDENI	CLAIM		l	+145=			OR	+290=			
							·	TOTA			- 4	TOTAL	172-10	
		400.1					*	VDDIT. FE	ΞL		OR	ADDIT. FEE	12.	
٠.	`	(Column 1)		(Colum		(Column 3)	_							ŀ
ГC		REMAINING AFTER		NUME	BER	PRESENT	ı	DATE		ADDI- FIONAL		0.477	ADDI-	
EN		AMENDMENT		PREVIO PAID F		EXTRA		RATE	ľ	FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	**		•	ſ	X\$ 9=	T		OR	X\$18=-		
ME	Independent	•	Minus	***		-	t	X43=	†			X86=		
٧	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			A-0=	+		OR	~ ~~		l .
• •	f the atru in each	nn 1 is loca than th	a antar la activ					+145=			OR	+290=		
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OP ADDIT. FEE ADDIT. FEE														
	n are mignest Num The "Highest Num	moer Previously Paid ber Previously Paid	eor rin THK J For" (Total or	SPACE is Independe	nt) is the	n 3, enter "3." highest number				opriate box				